



GOVERNOR'S OFFICE OF EMERGENCY SERVICES

Fire and Rescue Branch
3650 Schriever Avenue
Mather, CA 95655
Phone (916) 845-8711
Night-Weekends: (916) 845-8911
Fax: (916) 845-8396
E-Mail: OES_Fire@oes.ca.gov



May 19, 2008

Dear Chief,

Changes have been made to the OES Form 161, Fire Engine Status-Repair Order Worksheet. These changes have been made to more quickly process repairs and maintenance of your assigned OES engine. The following is a listing of the changes in the form that affect the assignees:

Section I line 2: Region number has been added to the form.

Section I line 13: Cause for Service has been added to provide an accurate report of repairs.

Section I line 14: The words "Please give a detailed" have been added to emphasize the need for a better description of the problem. A fuller explanation will reduce the number of phone calls and emails to your personnel that our staff makes to understand the problem, its cause and the correct billing procedures.

Section I line 24: A new sentence has been added to give the correct mailing address for all invoices.

Section III line 29: the acronym FAN has replace fire #.

OES Fire and Rescue has had a significant increase in the number of unauthorized repairs being invoiced. Bulletin 18 (attached) clearly states that no repairs in excess of \$100.00 can be made without prior approval of the State of California. Please have your personnel-especially personnel who deal with your fleet maintenance processes- review Bulletin 18 to help avoid costly repairs being billed back to you department.

I want to thank you again for your continued support of the Mutual Aid System. Your commitment to the State of California is outstanding.

Sincerely,

A handwritten signature in cursive script that reads "Kim Zagaris".

KIM ZAGARIS
State Fire and Rescue Chief

KZ/cs

c: File

State of California – Office of Emergency Services – Fire Rescue Branch
Operation Bulletin #18

FIRE ENGINE STATUS – REPAIR ORDER WORKSHEET

I
ASSIGNEE
II
OES
III
ASSIGNEE

Start Date _____
OES Engine # _____ Region 1 2 3 4 5 6 Operational Area _____ Assignee _____
License # _____ Year _____ Make _____ Model _____

Assignee Point of Contact

Name _____ Title _____ Phone _____) _____ - _____ Fax _____) _____ - _____

Email _____

Second Point of Contact

Name _____ Title _____ Phone _____) _____ - _____ Fax _____) _____ - _____

Email _____

Engine Status: Remain in Service ☐ Mileage _____ Date _____
Removed from Service ☐ Mileage _____ Date _____
Return to Service ☐ Mileage _____ Date _____

Cause for Service, Repair or Replacement:

Please Give a Detailed Explanation of Service, Repair or Replacement needed:

Work to be completed by ☐ Assignee Shop ☐ Vendor ☐ Incident _____

Contact Name _____ Title _____ Phone _____) _____ - _____ Fax _____) _____ - _____

Vendor Name _____ Address _____

Cost Estimate: Parts \$ _____ Labor \$ _____ Tax \$ _____ TOTAL \$ _____

NOTE: ENSURE SERVICE/REPAIR IS NOTED IN VEHICLE MAINTENANCE LOG

FAX THIS REQUEST WITH ESTIMATE TO OES/FIRE & RESCUE 916) 845-8396

**INVOICES MUST BE BILLED AND MAILED TO OES/FIRE & RESCUE ATTN: ACCOUNTING
UNIT 3650 SCHRIEVER AVENUE, MATHER, CA 95655**

OES Tracking

Auto Inspector (A/I)

OES Tracking

F-161 recd date _____ Docs sent to A/I date _____ Fleet Review _____ / _____

Est/Inv recd date _____ A/I Name _____ Initial / Date _____

FAN _____ A/I Auth# _____ Vendor Auth Date _____

PCA Code _____ Assignee Auth Date _____

Once service/repairs are completed, please sign the statement below and **fax to OES HQ 916)845-8396**.

I, _____ do hereby certify that the repairs on Fire Tracking Number,
FAN _____ in the amount of \$ _____ were completed and the invoice may be Stock
Received by OES personnel and processed for payment.

Signed _____ Date _____

Title _____ Phone _____) _____